

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 20

May 23, 2002

SUBJECT: INMATE CLASSIFICATION QUESTIONNAIRE AND RECORD OF MEDICAL SCREENING, FORM 5.36.0 AND INMATE CLASSIFICATION QUESTIONNAIRE, FORM 5.37.0 - ACTIVATED

PURPOSE: The California Code of Regulations, Title 15, requires that certain information regarding an arrestee's history and lifestyle be obtained prior to housing. This is essential to determine whether an arrestee may be housed with the general population, must be separated in the interest of safety, requires a special diet or has specific medical needs. Currently, the Department is in compliance with this mandate. However, the forms used by Jail Division have never been established as official Department forms. This Order activates the Inmate Classification Questionnaire and Record of Medical Screening, Form 5.36.0, and the Inmate Classification Questionnaire, Form 5.37.0.

PROCEDURE:

I. INMATE CLASSIFICATION QUESTIONNAIRE AND RECORD OF MEDICAL SCREENING, FORM 5.36.0 (BLUE). Inmate Classification Questionnaire and Record of Medical Screening, Form 5.36.0, is activated.

A. Use of Form. This form is used to detail information related to the housing of arrestees and their medical needs, when seen by dispensary personnel.

B. Completion. The form shall be completed in the following manner:

- * The arresting officer shall complete the top section with the arrestee's name, date of birth, booking number and charge;
- * The detention officer shall complete the "Segregation Assessment" section;
- * Dispensary personnel shall complete the "Special Medical Instructions for Persons in Custody" section; and,
- * The Jail Division Watch Commander approving the "Segregation Assessment" shall sign in the space provided and include his/her serial number.

C. Distribution.

- 1 - Original, attached to prisoner's Jail Custody Record.
- 1 - Attached to Division Booking Record.

- 2 - TOTAL**

II. INMATE CLASSIFICATION QUESTIONNAIRE, FORM 5.37.0 (WHITE).

The Inmate Classification Questionnaire, Form 5.37.0, is activated.

A. Use of Form. This form is used to document information related to the housing of arrestees, if the arrestee did not require medical attention from the dispensary personnel prior to booking.

B. Completion. The form shall be completed in the following manner:

- * The arresting officer(s) shall complete the top section with the arrestee's name, date of birth, booking number, and charge;
- * The detention officer shall complete the "Segregation Assessment" section; and,
- * The watch commander approving the "Segregation Assessment," shall sign the form in the space provided and include his/her serial number.

C. Distribution.

- 1 - Original, attached to prisoner's Jail Custody Record.
- 1 - Attached to Division Booking Record.

- 2 - TOTAL**

FORM AVAILIBILITY: The Inmate Classification Questionnaire and Record of Medical Screening, Form 5.36.0, and the Inmate Classification Questionnaire, Form 5.37.0, will be available for ordering from General Services, Distribution Center in about 90 days. Copies of the forms are attached for reference.

AMENDMENTS: This Order adds Sections 5/5.36.0 and 5/5.37.0 to the Department Manual.

AUDIT RESPONSIBILITIES: The Commanding Officer, Support Services Group, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.

MARTIN H. POMEROY
Chief of Police

Attachments

DISTRIBUTION "D"